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**BEFORE THE  
BOARD OF REGISTERED NURSING  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

In the Matter of:

MARY ELIZABETH FISH  
23011 Magnolia Glen Drive  
Valencia, CA 91354

Registered Nurse License No. 572123

Respondent.

Case No. 2005-19

**STIPULATED SURRENDER OF  
LICENSE AND ORDER**

IT IS HEREBY STIPULATED AND AGREED by and between the parties that  
the following matters are true:

**PARTIES**

1. Ruth Ann Terry, M.P.H., R.N. (Complainant) is the Executive Officer of  
the Board of Registered Nursing, who brought this action solely in her official capacity.

2. Mary Elizabeth Fish (Respondent), is a probationary registered nurse.

**JURISDICTION**

3. On February 26, 2007, the Board of Registered Nursing adopted Stipulated  
Settlement and Disciplinary Order No. 2005-19, which became effective on March 28, 2007. The  
Stipulated Settlement and Disciplinary Order requires, inter alia, the respondent to serve a three-  
year probation term that includes Probation Conditions # 1 through # 20. The Stipulated  
Settlement and Disciplinary Order is attached as exhibit A and incorporated herein by reference.

Condition #13 of the Stipulated Settlement and Disciplinary Order allows  
the Board of Registered Nursing to accept the surrender of the respondent's license if she ceases  
practicing due to retirement, health reasons or is otherwise unable to satisfy the conditions of  
probation.

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1                   11.     Respondent shall cause to be delivered to the Board both her wall and  
2 pocket license certificate on or before the effective date of the Decision and Order.

3                   12.     Respondent fully understands and agrees that if she ever files an  
4 application for licensure or a petition for reinstatement in the State of California, the Board shall  
5 treat it as a petition for reinstatement. Respondent must comply with all the laws, regulations  
6 and procedures for reinstatement of a revoked license in effect at the time the petition is filed.

7                   13.     Upon reinstatement of the license or prior to issuance of any new license  
8 by the Board, Respondent shall pay to the Board costs associated with its investigation and  
9 enforcement pursuant to Business and Professions Code section 125.3 in the amount of  
10 \$8000.00 which is the amount currently owed pursuant to Stipulated Settlement and Disciplinary  
11 Order No. 2005-19 (Exhibit A). If the reinstatement of Respondent's license is granted,  
12 Respondent shall be permitted to pay these costs in a payment plan approved by the Board.

13                  14.     Respondent shall not apply for licensure or petition for reinstatement for  
14 one (1) year from the effective date of the Board of Registered Nursing's Decision and Order.

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ACCEPTANCE

I have carefully read the Stipulated Surrender of License and Order. I understand the stipulation and the effect it will have on my Registered Nurse License. I enter into this Stipulated Surrender of License and Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Board of Registered Nursing.

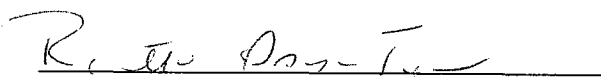
DATED: 6/21/08.

  
MARY ELIZABETH FISH  
Respondent

ENDORSEMENT

The foregoing Stipulated Surrender of License and Order is hereby respectfully accepted by Ruth Ann Terry, Executive Officer for the Board of Registered Nursing.

DATED: 7/23/08.

  
RUTH ANN TERRY  
Executive Officer  
BOARD OF REGISTERED NURSING

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**BOARD OF REGISTERED NURSING  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

In the Matter of:

Case No. 2005-19

MARY ELIZABETH FISH  
23011 Magnolia Glen Drive  
Valencia, CA 91354

Registered Nurse License No. 572123

Respondent.

**DECISION AND ORDER**

The attached Stipulated Surrender of License and Order is hereby adopted by the Board of Registered Nursing, Department of Consumer Affairs, as its Decision in this matter.

It is so ORDERED on 7/29/08.

This Decision shall become effective on 7/29/08.

Ruth Ann Terry M.P.H., R.N.  
Ruth Ann Terry, Executive Officer  
FOR THE BOARD OF REGISTERED NURSING  
DEPARTMENT OF CONSUMER AFFAIRS

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**EXHIBIT "A"**

Stipulated Settlement and Disciplinary Order No. 2005-19

**BEFORE THE  
BOARD OF REGISTERED NURSING  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

In the Matter of the Accusation Against:

MARY ELIZABETH FISH

23011 Magnolia Glen Drive  
Valencia, Ca 91354

Registered Nurse No. 572123

Respondent.

Case No. 2005-19

OAH No. L-2006080163

**DECISION AND ORDER**

The attached Stipulated Settlement and Disciplinary Order is hereby adopted by the Board of Registered Nursing, Department of Consumer Affairs, as its Decision in this matter.

This Decision shall become effective on MARCH 28, 2007.

It is so ORDERED February 26, 2007.

*LaTranene W Tate*

\_\_\_\_\_  
FOR THE BOARD OF REGISTERED NURSING  
DEPARTMENT OF CONSUMER AFFAIRS

1 BILL LOCKYER, Attorney General  
of the State of California  
2 MICHAEL R. GRANEN., State Bar No.63350  
Deputy Attorney General  
3 California Department of Justice  
300 So. Spring Street, Suite 1702  
4 Los Angeles, CA 90013  
Telephone: (213) 897-2537  
5 Facsimile: (213) 897-2804

6 Attorneys for Complainant

7  
8 **BEFORE THE**  
**BOARD OF REGISTERED NURSING**  
**DEPARTMENT OF CONSUMER AFFAIRS**  
9 **STATE OF CALIFORNIA**

10 In the Matter of the Accusation Against:

Case No. 2005-19

11 MARY ELIZABETH FISH  
23011 Magnolia Glen Drive  
12 Valencia, Ca 91354

OAH No. L-2006080163

13 Registered Nurse No. 572123

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

14 Respondent.

15 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the  
16 above-entitled proceedings that the following matters are true:

17 PARTIES

18 1. Ruth Ann Terry, MPH, RN, (Complainant) is the Executive Officer of the  
19 Board of Registered Nursing. She brought this action solely in her official capacity and is  
20 represented in this matter by Bill Lockyer, Attorney General of the State of California, by  
21 Michael R. Granen, Deputy Attorney General.

22 2. Respondent Mary Elizabeth Fish (Respondent) is represented in this  
23 proceeding by attorney Edgardo Gonzalez, whose address is 1300 Clay Street, Suite 600,  
24 Oakland, CA 94612.

25 3. On or about September 21, 2000, the Board of Registered Nursing issued  
26 Registered Nurse No. 572123 to Mary Elizabeth Fish (Respondent). The license was in full force  
27 and effect at all time relevant to the charges brought herein and will expire on December 31,  
28 2007, unless renewed.



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1 this proceeding, or any other proceedings in which the Board of Registered Nursing or other  
2 professional licensing agency is involved, and shall not be admissible in any other criminal or  
3 civil proceeding.

#### 4 CONTINGENCY

5 11. This stipulation shall be subject to approval by the Board of Registered  
6 Nursing. Respondent understands and agrees that counsel for Complainant and the staff of the  
7 Board of Registered Nursing may communicate directly with the Board regarding this stipulation  
8 and settlement, without notice to or participation by Respondent or her counsel. By signing the  
9 stipulation, Respondent understands and agrees that she may not withdraw her agreement or seek  
10 to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails  
11 to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary  
12 Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal  
13 action between the parties, and the Board shall not be disqualified from further action by having  
14 considered this matter.

15 12. The parties understand and agree that facsimile copies of this Stipulated  
16 Settlement and Disciplinary Order, including facsimile signatures thereto, shall have the same  
17 force and effect as the originals.

18 13. In consideration of the foregoing admissions and stipulations, the parties  
19 agree that the Board may, without further notice or formal proceeding, issue and enter the  
20 following Disciplinary Order:

#### 21 DISCIPLINARY ORDER

22 IT IS HEREBY ORDERED that Registered Nurse No. 572123 issued to  
23 Respondent Mary Elizabeth Fish (Respondent) is revoked. However, the revocation is stayed  
24 and Respondent is placed on probation for three (3) years on the following terms and conditions.

25 **Severability Clause.** Each condition of probation contained herein is a separate  
26 and distinct condition. If any condition of this Order, or any application thereof, is declared  
27 unenforceable in whole, in part, or to any extent, the remainder of this Order, and all other  
28 applications thereof, shall not be affected. Each condition of this Order shall separately be valid

1 and enforceable to the fullest extent permitted by law.

2           1.       **Obey All Laws.** Respondent shall obey all federal, state and local laws.  
3 A full and detailed account of any and all violations of law shall be reported by Respondent to  
4 the Board in writing within seventy-two (72) hours of occurrence. To permit monitoring of  
5 compliance with this condition, Respondent shall submit completed fingerprint forms and  
6 fingerprint fees within 45 days of the effective date of the decision, unless previously submitted  
7 as part of the licensure application process.

8           **Criminal Court Orders:** If Respondent is under criminal court orders, including  
9 probation or parole, and the order is violated, this shall be deemed a violation of these probation  
10 conditions, and may result in the filing of an accusation and/or petition to revoke probation.

11           2.       **Comply with the Board's Probation Program.** Respondent shall fully  
12 comply with the conditions of the Probation Program established by the Board and cooperate  
13 with representatives of the Board in its monitoring and investigation of the Respondent's  
14 compliance with the Board's Probation Program. Respondent shall inform the Board in writing  
15 within no more than 15 days of any address change and shall at all times maintain an active,  
16 current license status with the Board, including during any period of suspension.

17           Upon successful completion of probation, Respondent's license shall be fully  
18 restored.

19           3.       **Report in Person.** Respondent, during the period of probation, shall  
20 appear in person at interviews/meetings as directed by the Board or its designated  
21 representatives.

22           4.       **Residency, Practice, or Licensure Outside of State.** Periods of  
23 residency or practice as a registered nurse outside of California shall not apply toward a reduction  
24 of this probation time period. Respondent's probation is tolled, if and when she resides outside  
25 of California. Respondent must provide written notice to the Board within 15 days of any change  
26 of residency or practice outside the state, and within 30 days prior to re-establishing residency or  
27 returning to practice in this state.

28           Respondent shall provide a list of all states and territories where she has ever been

1 licensed as a registered nurse, vocational nurse, or practical nurse. Respondent shall further  
2 provide information regarding the status of each license and any changes in such license status  
3 during the term of probation. Respondent shall inform the Board if she applies for or obtains a  
4 new nursing license during the term of probation.

5           **5. Submit Written Reports.** Respondent, during the period of probation,  
6 shall submit or cause to be submitted such written reports/declarations and verification of actions  
7 under penalty of perjury, as required by the Board. These reports/declarations shall contain  
8 statements relative to Respondent's compliance with all the conditions of the Board's Probation  
9 Program. Respondent shall immediately execute all release of information forms as may be  
10 required by the Board or its representatives.

11           Respondent shall provide a copy of this Decision to the nursing regulatory agency  
12 in every state and territory in which she has a registered nurse license.

13           **6. Function as a Registered Nurse.** Respondent, during the period of  
14 probation, shall engage in the practice of registered nursing in California for a minimum of 24  
15 hours per week for 6 consecutive months or as determined by the Board.

16           For purposes of compliance with the section, "engage in the practice of registered  
17 nursing" may include, when approved by the Board, volunteer work as a registered nurse, or  
18 work in any non-direct patient care position that requires licensure as a registered nurse.

19           The Board may require that advanced practice nurses engage in advanced practice  
20 nursing for a minimum of 24 hours per week for 6 consecutive months or as determined by the  
21 Board.

22           If Respondent has not complied with this condition during the probationary term,  
23 and Respondent has presented sufficient documentation of her good faith efforts to comply with  
24 this condition, and if no other conditions have been violated, the Board, in its discretion, may  
25 grant an extension of Respondent's probation period up to one year without further hearing in  
26 order to comply with this condition. During the one year extension, all original conditions of  
27 probation shall apply.

28           **7. Employment Approval and Reporting Requirements.** Respondent

1 shall obtain prior approval from the Board before commencing or continuing any employment,  
2 paid or voluntary, as a registered nurse. Respondent shall cause to be submitted to the Board all  
3 performance evaluations and other employment related reports as a registered nurse upon request  
4 of the Board.

5 Respondent shall provide a copy of this Decision to her employer and immediate  
6 supervisors prior to commencement of any nursing or other health care related employment.

7 In addition to the above, Respondent shall notify the Board in writing within  
8 seventy-two (72) hours after she obtains any nursing or other health care related employment.

9 Respondent shall notify the Board in writing within seventy-two (72) hours after she is  
10 terminated or separated, regardless of cause, from any nursing, or other health care related  
11 employment with a full explanation of the circumstances surrounding the termination or  
12 separation.

13 8. **Supervision.** Respondent shall obtain prior approval from the Board  
14 regarding Respondent's level of supervision and/or collaboration before commencing or  
15 continuing any employment as a registered nurse, or education and training that includes patient  
16 care.

17 Respondent shall practice only under the direct supervision of a registered nurse  
18 in good standing (no current discipline) with the Board of Registered Nursing, unless alternative  
19 methods of supervision and/or collaboration (e.g., with an advanced practice nurse or physician)  
20 are approved.

21 Respondent's level of supervision and/or collaboration may include, but is not  
22 limited to the following:

23 (a) Maximum - The individual providing supervision and/or collaboration is  
24 present in the patient care area or in any other work setting at all times.

25 (b) Moderate - The individual providing supervision and/or collaboration is in  
26 the patient care unit or in any other work setting at least half the hours Respondent works.

27 (c) Minimum - The individual providing supervision and/or collaboration has  
28 person-to-person communication with Respondent at least twice during each shift worked.

1 (d) Home Health Care - If Respondent is approved to work in the home health  
2 care setting, the individual providing supervision and/or collaboration shall have person-to-  
3 person communication with Respondent as required by the Board each work day. Respondent  
4 shall maintain telephone or other telecommunication contact with the individual providing  
5 supervision and/or collaboration as required by the Board during each work day. The individual  
6 providing supervision and/or collaboration shall conduct, as required by the Board, periodic, on-  
7 site visits to patients' homes visited by Respondent with or without Respondent present.

8 9. **Employment Limitations.** Respondent shall not work for a nurse's  
9 registry, in any private duty position as a registered nurse, a temporary nurse placement agency, a  
10 traveling nurse, or for an in-house nursing pool.

11 Respondent shall not work for a licensed home health agency as a visiting nurse  
12 unless the registered nursing supervision and other protections for home visits have been  
13 approved by the Board. Respondent shall not work in any other registered nursing occupation  
14 where home visits are required.

15 Respondent shall not work in any health care setting as a supervisor of registered  
16 nurses. The Board may additionally restrict Respondent from supervising licensed vocational  
17 nurses and/or unlicensed assistive personnel on a case-by-case basis.

18 Respondent shall not work as a faculty member in an approved school of nursing  
19 or as an instructor in a Board approved continuing education program.

20 Respondent shall work only on a regularly assigned, identified and predetermined  
21 worksite(s) and shall not work in a float capacity.

22 If Respondent is working or intends to work in excess of 40 hours per week, the  
23 Board may request documentation to determine whether there should be restrictions on the hours  
24 of work.

25 10. **Complete a Nursing Course(s).** Respondent, at her own expense, shall  
26 enroll and successfully complete a course(s) relevant to the practice of registered nursing no later  
27 than six months prior to the end of her probationary term.

28 Respondent shall obtain prior approval from the Board before enrolling in the

1 course(s). Respondent shall submit to the Board the original transcripts or certificates of  
2 completion for the above required course(s). The Board shall return the original documents to  
3 Respondent after photocopying them for its records.

4           11.     **Cost Recovery.** Respondent shall pay to the Board costs associated with  
5 its investigation and enforcement pursuant to Business and Professions Code section 125.3 in the  
6 amount of \$ 8,000. Respondent shall be permitted to pay these costs in a payment plan approved  
7 by the Board, with payments to be completed no later than three months prior to the end of the  
8 probation term.

9           If Respondent has not complied with this condition during the probationary term,  
10 and Respondent has presented sufficient documentation of her good faith efforts to comply with  
11 this condition, and if no other conditions have been violated, the Board, in its discretion, may  
12 grant an extension of Respondent's probation period up to one year without further hearing in  
13 order to comply with this condition. During the one year extension, all original conditions of  
14 probation will apply.

15           12.     **Violation of Probation.** If Respondent violates the conditions of her  
16 probation, the Board after giving Respondent notice and an opportunity to be heard, may set  
17 aside the stay order and impose the stayed discipline (revocation/suspension) of Respondent's  
18 license.

19           If during the period of probation, an accusation or petition to revoke probation has  
20 been filed against Respondent's license or the Attorney General's Office has been requested to  
21 prepare an accusation or petition to revoke probation against Respondent's license, the  
22 probationary period shall automatically be extended and shall not expire until the accusation or  
23 petition has been acted upon by the Board.

24           13.     **License Surrender.** During Respondent's term of probation, if she ceases  
25 practicing due to retirement, health reasons or is otherwise unable to satisfy the conditions of  
26 probation, Respondent may surrender her license to the Board. The Board reserves the right to  
27 evaluate Respondent's request and to exercise its discretion whether to grant the request, or to  
28 take any other action deemed appropriate and reasonable under the circumstances, without

1 further hearing. Upon formal acceptance of the tendered license and wall certificate, Respondent  
2 will no longer be subject to the conditions of probation.

3 Surrender of Respondent's license shall be considered a disciplinary action and  
4 shall become a part of Respondent's license history with the Board. A registered nurse whose  
5 license has been surrendered may petition the Board for reinstatement no sooner than the  
6 following minimum periods from the effective date of the disciplinary decision:

7 (1) Two years for reinstatement of a license that was surrendered for any  
8 reason other than a mental or physical illness; or

9 (2) One year for a license surrendered for a mental or physical illness.

10 14. **Physical Examination.** Within 45 days of the effective date of this  
11 Decision, Respondent, at her expense, shall have a licensed physician, nurse practitioner, or  
12 physician assistant, who is approved by the Board before the assessment is performed, submit an  
13 assessment of the Respondent's physical condition and capability to perform the duties of a  
14 registered nurse. Such an assessment shall be submitted in a format acceptable to the Board. If  
15 medically determined, a recommended treatment program will be instituted and followed by the  
16 Respondent with the physician, nurse practitioner, or physician assistant providing written  
17 reports to the Board on forms provided by the Board.

18 If Respondent is determined to be unable to practice safely as a registered nurse,  
19 the licensed physician, nurse practitioner, or physician assistant making this determination shall  
20 immediately notify the Board and Respondent by telephone, and the Board shall request that the  
21 Attorney General's office prepare an accusation or petition to revoke probation. Respondent  
22 shall immediately cease practice and shall not resume practice until notified by the Board.  
23 During this period of suspension, Respondent shall not engage in any practice for which a license  
24 issued by the Board is required until the Board has notified Respondent that a medical  
25 determination permits Respondent to resume practice. This period of suspension will not apply  
26 to the reduction of this probationary time period.

27 If Respondent fails to have the above assessment submitted to the Board within  
28 the 45-day requirement, Respondent shall immediately cease practice and shall not resume



1 practice until notified by the Board. This period of suspension will not apply to the reduction of  
2 this probationary time period. The Board may waive or postpone this suspension only if  
3 significant, documented evidence of mitigation is provided. Such evidence must establish good  
4 faith efforts by Respondent to obtain the assessment, and a specific date for compliance must be  
5 provided. Only one such waiver or extension may be permitted.

6           **15. Participate in Treatment/Rehabilitation Program for Chemical**  
7 **Dependence.** Respondent, at her expense, shall successfully complete during the probationary  
8 period or shall have successfully completed prior to commencement of probation a Board-  
9 approved treatment/rehabilitation program of at least six months duration. As required, reports  
10 shall be submitted by the program on forms provided by the Board. If Respondent has not  
11 completed a Board-approved treatment/rehabilitation program prior to commencement of  
12 probation, Respondent, within 45 days from the effective date of the decision, shall be enrolled in  
13 a program. If a program is not successfully completed within the first nine months of probation,  
14 the Board shall consider Respondent in violation of probation.

15           Based on Board recommendation, each week Respondent shall be required to  
16 attend at least one, but no more than five 12-step recovery meetings or equivalent (e.g., Narcotics  
17 Anonymous, Alcoholics Anonymous, etc.) and a nurse support group as approved and directed  
18 by the Board. If a nurse support group is not available, an additional 12-step meeting or  
19 equivalent shall be added. Respondent shall submit dated and signed documentation confirming  
20 such attendance to the Board during the entire period of probation. Respondent shall continue  
21 with the recovery plan recommended by the treatment/rehabilitation program or a licensed  
22 mental health examiner and/or other ongoing recovery groups.

23           **16. Abstain from Use of Psychotropic (Mood-Altering) Drugs.** Respondent  
24 shall completely abstain from the possession, injection or consumption by any route of all  
25 controlled substances and all psychotropic (mood altering) drugs, including alcohol, except when  
26 the same are ordered by a health care professional legally authorized to do so as part of  
27 documented medical treatment. Respondent shall have sent to the Board, in writing and within  
28 fourteen (14) days, by the prescribing health professional, a report identifying the medication,

1 dosage, the date the medication was prescribed, the Respondent's prognosis, the date the  
2 medication will no longer be required, and the effect on the recovery plan, if appropriate.

3 Respondent shall identify for the Board a single physician, nurse practitioner or  
4 physician assistant who shall be aware of Respondent's history of substance abuse and will  
5 coordinate and monitor any prescriptions for Respondent for dangerous drugs, controlled  
6 substances or mood-altering drugs. The coordinating physician, nurse practitioner, or physician  
7 assistant shall report to the Board on a quarterly basis Respondent's compliance with this  
8 condition. If any substances considered addictive have been prescribed, the report shall identify a  
9 program for the time limited use of any such substances.

10 The Board may require the single coordinating physician, nurse practitioner, or  
11 physician assistant to be a specialist in addictive medicine, or to consult with a specialist in  
12 addictive medicine.

13 17. **Submit to Tests and Samples.** Respondent, at her expense, shall  
14 participate in a random, biological fluid testing or a drug screening program which the Board  
15 approves. The length of time and frequency will be subject to approval by the Board.  
16 Respondent is responsible for keeping the Board informed of Respondent's current telephone  
17 number at all times. Respondent shall also ensure that messages may be left at the telephone  
18 number when she is not available and ensure that reports are submitted directly by the testing  
19 agency to the Board, as directed. Any confirmed positive finding shall be reported immediately  
20 to the Board by the program and Respondent shall be considered in violation of probation.

21 In addition, Respondent, at any time during the period of probation, shall fully  
22 cooperate with the Board or any of its representatives, and shall, when requested, submit to such  
23 tests and samples as the Board or its representatives may require for the detection of alcohol,  
24 narcotics, hypnotics, dangerous drugs, or other controlled substances.

25 If Respondent has a positive drug screen for any substance not legally authorized  
26 and not reported to the coordinating physician, nurse practitioner, or physician assistant, and the  
27 Board files a petition to revoke probation or an accusation, the Board may suspend Respondent  
28 from practice pending the final decision on the petition to revoke probation or the accusation.

1 This period of suspension will not apply to the reduction of this probationary time period.

2 If Respondent fails to participate in a random, biological fluid testing or drug  
3 screening program within the specified time frame, Respondent shall immediately cease practice  
4 and shall not resume practice until notified by the Board. After taking into account documented  
5 evidence of mitigation, if the Board files a petition to revoke probation or an accusation, the  
6 Board may suspend Respondent from practice pending the final decision on the petition to  
7 revoke probation or the accusation. This period of suspension will not apply to the reduction of  
8 this probationary time period.

9 18. **Mental Health Examination.** Respondent shall, within 45 days of the  
10 effective date of this Decision, have a mental health examination including psychological testing  
11 as appropriate to determine her capability to perform the duties of a registered nurse. The  
12 examination will be performed by a psychiatrist, psychologist or other licensed mental health  
13 practitioner approved by the Board. The examining mental health practitioner will submit a  
14 written report of that assessment and recommendations to the Board. All costs are the  
15 responsibility of Respondent. Recommendations for treatment, therapy or counseling made as a  
16 result of the mental health examination will be instituted and followed by Respondent.

17 If Respondent is determined to be unable to practice safely as a registered nurse,  
18 the licensed mental health care practitioner making this determination shall immediately notify  
19 the Board and Respondent by telephone, and the Board shall request that the Attorney General's  
20 office prepare an accusation or petition to revoke probation. Respondent shall immediately cease  
21 practice and may not resume practice until notified by the Board. During this period of  
22 suspension, Respondent shall not engage in any practice for which a license issued by the Board  
23 is required, until the Board has notified Respondent that a mental health determination permits  
24 Respondent to resume practice. This period of suspension will not apply to the reduction of this  
25 probationary time period.

26 If Respondent fails to have the above assessment submitted to the Board within  
27 the 45-day requirement, Respondent shall immediately cease practice and shall not resume  
28 practice until notified by the Board. This period of suspension will not apply to the reduction of

1 this probationary time period. The Board may waive or postpone this suspension only if  
2 significant, documented evidence of mitigation is provided. Such evidence must establish good  
3 faith efforts by Respondent to obtain the assessment, and a specific date for compliance must be  
4 provided. Only one such waiver or extension may be permitted.

5 19. **Therapy or Counseling Program.** Respondent, at her expense, shall  
6 participate in an on-going counseling program until such time as the Board releases her from this  
7 requirement and only upon the recommendation of the counselor. Written progress reports from  
8 the counselor will be required at various intervals.

9 21. **Physical Examination.** Within 45 days of the effective date of this  
10 decision, respondent, at his/her expense, shall have a licensed physician, nurse practitioner, or  
11 physician assistant, who is approved by the Board before the assessment is performed, submit an  
12 assessment of the respondent's physical condition and capability to perform the duties of a  
13 registered nurse. Such an assessment shall be submitted in a format acceptable to the Board. If  
14 medically determined, a recommended treatment program will be instituted and followed by the  
15 respondent with the physician, nurse practitioner, or physician assistant providing written reports  
16 on forms provided by the Board.

17  
18 ACCEPTANCE

19 I have carefully read the above Stipulated Settlement and Disciplinary Order and  
20 have fully discussed it with my attorney, Edgardo Gonzalez. I understand the stipulation and the  
21 effect it will have on my Registered Nurse. I enter into this Stipulated Settlement and  
22 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the  
23 Decision and Order of the Board of Registered Nursing.

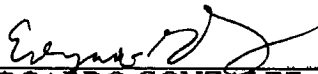
24 DATED: 9/18/06.

25  
26   
27 MARY ELIZABETH EISH (Respondent)  
28 Respondent

28 //

1 I have read and fully discussed with Respondent Mary Elizabeth Fish the terms  
2 and conditions and other matters contained in the above Stipulated Settlement and Disciplinary  
3 Order. I approve its form and content.

4 DATED: 9-18-06

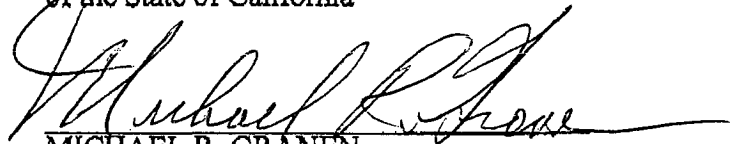
5  
6   
7 EDGARDO GONZALEZ  
8 Attorney for Respondent

9 ENDORSEMENT

10 The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully  
11 submitted for consideration by the Board of Registered Nursing of the Department of Consumer  
12 Affairs.

13 DATED: 9/18/06

14 BILL LOCKYER, Attorney General  
15 of the State of California

16   
17 MICHAEL R. GRANEN  
18 Deputy Attorney General

19 Attorneys for Complainant

20 DOJ Matter ID: LA2003600904  
21 60166678.wpd  
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**Exhibit A**  
**Accusation No. 2005-19**

1 BILL LOCKYER, Attorney General  
of the State of California  
2 MICHAEL R. GRANEN, State Bar No. 63350  
Deputy Attorney General  
3 California Department of Justice  
300 So. Spring Street, Suite 1702  
4 Los Angeles, CA 90013  
Telephone: (213) 897-2537  
5 Facsimile: (213) 897-2804

6 Attorneys for Complainant

7  
8 **BEFORE THE**  
**BOARD OF REGISTERED NURSING**  
9 **DEPARTMENT OF CONSUMER AFFAIRS**  
**STATE OF CALIFORNIA**

10 In the Matter of the Accusation Against:

Case No. 2005-19

11 MARY ELIZABETH FISH  
12 23011 Magnolia Glen Drive  
13 Valencia, CA 91354

**ACCUSATION**

14 Registered Nursing License No. 572123

15 Respondent.

16 Complainant alleges:

17 PARTIES

18 1. Ruth Ann Terry, M.P.H., R.N. (Complainant) brings this Accusation  
19 solely in her official capacity as the Executive Officer of the Board of Registered Nursing,  
20 Department of Consumer Affairs.

21 2. On or about September 21, 2000, the Board of Registered Nursing issued  
22 Registered Nursing License No. 572123 to Mary Elizabeth Fish (Respondent). The Registered  
23 Nursing License was in full force and effect at all times relevant to the charges brought herein  
24 and will expire on December 31, 2005, unless renewed.

25 JURISDICTION

26 3. This Accusation is brought before the Board of Registered Nursing  
27 (Board), Department of Consumer Affairs, under the authority of the following laws. All section  
28 references are to the Business and Professions Code unless otherwise indicated.

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**Abstract**

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[illegible]



1           "(1) Incompetence, or gross negligence in carrying out usual certified or licensed  
2           nursing functions.

3                                 \* \* \*

4           "(d) Violating or attempting to violate, directly or indirectly, or assisting in or  
5           abetting the violating of, or conspiring to violate any provision or term of this  
6           chapter [the Nursing Practice Act] or regulations adopted pursuant to it.

7           8.       Section 2762 of the Code states:

8                         "In addition to other acts constituting unprofessional conduct within the  
9           meaning of this chapter [the Nursing Practice Act], it is unprofessional conduct  
10          for a person licensed under this chapter to do any of the following:

11                        "(a) Obtain or possess in violation of law, or prescribe, or except as  
12           directed by a licensed physician and surgeon, dentist, or podiatrist administer to  
13           himself or herself, or furnish or administer to another, any controlled substance as  
14           defined in Division 10 (commencing with Section 11000) of the Health and Safety  
15           Code or any dangerous drug or dangerous device as defined in Section 4022.

16                        "(b) Use any controlled substance as defined in Division 10 (commencing  
17           with Section 11000) of the Health and Safety Code, or any dangerous drug or  
18           dangerous device as defined in Section 4022, or alcoholic beverages, to an extent  
19           or in a manner dangerous or injurious to himself or herself, any other person, or  
20           the public or to the extent that such use impairs his or her ability to conduct with  
21           safety to the public the practice authorized by his or her license.

22                                 \* \* \*

23                        "(e) Falsify, or make grossly incorrect, grossly inconsistent, or  
24           unintelligible entries in any hospital, patient, or other record pertaining to the  
25           substances described in subdivision (a) of this section."

26           9.       Section 11170 of the Health and Safety Code provides:

27                        "No person shall prescribe, administer or furnish a controlled substance for  
28           himself."

1 10. Section 11171 of the Health and Safety Code provides:

2 "No person shall prescribe, administer, or furnish a controlled substance,  
3 except under the condition and in the manner provided by this division."

4 11. Section 11173 of the Health and Safety Code provides:

5 "(a) No person shall obtain or attempt to obtain controlled substances, or  
6 procure or attempt to procure the administration of or prescription for controlled  
7 substances, (1) by fraud, deceit, misrepresentation, or subterfuge; or (2) by the  
8 concealment of a material fact.

9 "(b) No person shall make a false statement in any prescription, order,  
10 report or record required by this division.

11 12. CONTROLLED SUBSTANCES

12 (a) "Demerol" is a trade name for the generic drug meperidine. It is a Schedule II  
13 controlled substance pursuant to Health and Safety Code section 11055, subdivision (c)(17) and a  
14 dangerous drug pursuant to Business and Professions Code section 4022.

15 (b) "Morphine/Morphine Sulfate" is a Schedule II controlled substance pursuant  
16 to Health and Safety Code section 11055, subdivision (b)(1)(M) and a dangerous drug pursuant  
17 to Business and Professions Code section 4022.

18 (c) "Vicodin," a combination drug containing hydrocodone bitartrate and  
19 acetaminophen, is a Schedule III controlled substance defined in Health and Safety Code section  
20 11056, subdivision (e)(7) and is categorized as a dangerous drug according to Business and  
21 Professions Code section 4022.

22 (d) "Propoxyphene," a generic name for Darvocet. It is a Schedule IV controlled  
23 substance, as designated by Health and Safety Code section 11057, subdivision (c) and is  
24 categorized as a dangerous drug, pursuant to section 4022 of the Code.

25 13. Section 125.3 of the Code provides, in pertinent part, that the Board may  
26 request the administrative law judge to direct a licensee found to have committed a violation or  
27 violations of the licensing act to pay a sum not to exceed the reasonable costs of the  
28 investigation and enforcement of the case.

FIRST CAUSE FOR DISCIPLINE

(Obtaining, Possessing, or Administering a Controlled Substance by Fraud or Deceit)

14. Respondent is subject to disciplinary action under section 2761, subdivision (a) of the Code, on the grounds of unprofessional conduct, as defined in Section 2762, subdivisions (a) and (b) of the Code for violating Health and Safety Code sections, 11170, 11171, and 11173 subdivision, subdivisions (a) and (b), in that while employed as a registered nurse, at Mercy Hospital in Bakersfield, CA and Alliance Surgery Center, Bakersfield, CA, Respondent obtained, possessed, or administered Demerol (a schedule II controlled substance), Morphine Sulfate (a Schedule II controlled substance), and Propoxyphene (a schedule IV controlled substance), by fraud, deceit, misrepresentation or subterfuge, as follows:

**Mercy Hospital**

**a. Patient No. J 337331**

(1) On December 8, 2001, at 0915 hours, Respondent removed Demerol 50 mg from the Computer Medication Dispensing Station (PYXIS). The patient's Medication Administration Record (MAR) was signed and documented on December 8, 2001, as Demerol 50mg. at 0746 hours (i.e. earlier than the removal from PYXIS). There was no documentation for the administration by Respondent in the Nurses Notes. The physician's orders of December 7, 2001 were for 50mg. Demerol, IM q3-4 hrs, PRN.

(2) On December 8, 2001, at 0946 hours, Respondent removed Morphine Patient Controlled Analgesia (PCA) 30mg. from PYXIS. Respondent did not chart the administration of the medication on the patient's MAR. There was no documentation for the administration by Respondent in the Nurses Notes. The physician's orders of December 8, 2001 were for Morphine PCA, 4 hr limit of 30mg.

(3) On December 8, 2001, at 1021 hours, Respondent removed Demerol 50mg. from PYXIS. Respondent did not chart the administration of the medication on the patient's MAR. There was no documentation for the administration by Respondent in the Nurses Notes. The physician's orders of December 7, 2001 were for Demerol 50mg., IM q3-4 hrs, PRN.

///

1 (4) On December 8, 2001, at 1131 hours, Respondent removed Demerol 50mg.  
2 from PYXIS. This was noted as wasted 50mg. at 1510 hours. Respondent did not chart the  
3 administration of the medication or wastage on the patient's MAR. There was no documentation  
4 for the administration or wastage by Respondent in the Nurses Notes. The physician's orders of  
5 December 7, 2001 were for 50mg. Demerol, IM q3-4 hrs, PRN.

6 (5) On December 8, 2001, at 1351 hours, Respondent removed Demerol PCA  
7 300mg. This was noted as wasted, 260mg. at 1510 hours. There was no documentation for the  
8 administration or wastage on the MAR. There was no documentation for the administration or  
9 wastage by Respondent in the Nurses Notes. There were no physician's orders for Demerol.

10 **b. Patient No. J 309439**

11 (1) On December 12, 2001, at 0921 hours, Respondent removed Demerol 50mg.  
12 from PYXIS. Respondent did not chart the administration on the patient's MAR. The  
13 administration of the medication was charted on the MAR for December 12, 2001, as Demerol  
14 50mg. IV q 4o PRN, then struck out as "error." There was no documentation for the  
15 administration by Respondent in the Nurses Notes. The physician's orders of December 10,  
16 2001 for Demerol were to discontinue Demerol.

17 (2) On December 12, 2001, at 1331 hours, Respondent withdrew Demerol 50mg.  
18 from PYXIS. Respondent did not chart the administration of the medication on the patient's  
19 MAR. There was no documentation for the administration in the Nurses Notes, although  
20 Respondent documented the pain level at "2/10" at 1336 hours. The physician's orders for  
21 Demerol of December 10, 2001 were to discontinue Demerol.

22 **c. Patient No. J 463221**

23 (1) On December 18, 2001, at 0806 hours, Respondent withdrew Demerol 75 mg  
24 from PYXIS. Respondent did not chart the administration of the medication on the patient's  
25 MAR. There was no documentation for the administration by Respondent in the Nurses Notes.  
26 There were no physician's orders for Demerol.

27 (2) On December 18, 2001, at 1234 hours, Respondent withdrew Morphine 5mg.  
28 from PYXIS. There was no documentation within PYXIS for wastage. The patient's MAR

1 showed administration of the medication at 1300, but there was no dosage indicated or wastage  
2 amount. There was no documentation for the administration by Respondent in the Nurses Notes.  
3 The physician's orders for Morphine of December 18, 2002 at 0931 were for Morphine 2-4mg.  
4 IV Q2 hrs PRN.

5 (3) On December 18, 2001, at 1237 hours Respondent withdrew Demerol 75mg.  
6 from PYXIS. PYXIS recorded a wastage at 1728 hours of Demerol 75mg. Respondent did not  
7 chart the administration or wastage of the medication on the patient's MAR. There was no  
8 documentation for the administration or wastage by Respondent in the Nurses Notes. There were  
9 no physician's orders for Demerol.

10 (4) On December 18, 2002, at 1601 hours, Respondent withdrew Morphine 5mg.  
11 from PYXIS. PYXIS recorded no further dosage or wastage. The MAR for December 18, 2001  
12 showed administration of the medication at 1600 hours, but no dosage or wasted amount was  
13 recorded. There was no documentation for the administration or wastage by Respondent in the  
14 Nursing Notes. The physician's orders for Morphine of December 18, 2001 at 0931 hours were  
15 for Morphine, 2-4mg. IV Q2 hrs PRN.

16 d. **Patient No. J 014979** ✓

17 (1) On December 18, 2001, at 0948 hours, Respondent withdrew Demerol 75mg.  
18 from PYXIS. Respondent did not chart the administration of the medication on the patient's  
19 MAR. There was no documentation for the administration by Respondent in the Nursing Notes.  
20 The physician's orders for Demerol of December 18, 2001 at 0130 hours were for Demerol  
21 75mg., IM Q4-6 hr PRN.

22 (2) On December 18, 2001, at 1330 hours, Respondent withdrew Demerol 75mg.  
23 from PYXIS. Respondent did not chart the administration of the medication on the patient's  
24 MAR. There was no documentation for the administration by Respondent in the Nursing Notes.  
25 The physician's orders for Demerol of December 18, 2001, at 0130 hours were for Demerol  
26 75mg. IM Q4-6 hr PRN.

27 (3) On December 18, 2001, at 1539 hours, Respondent withdrew Demerol 75mg.  
28 from PYXIS (that is, approximately 2 hours after the previous withdrawal for this patient).

1 Respondent did not chart the administration of the medication on the patient's MAR. There was  
2 no documentation for the administration by Respondent in the Nursing Notes. The physician's  
3 orders for Demerol were on December 18, 2001, at 0130 hours for Demerol 75mg. IM Q4-6 hr  
4 PRN.

5 (4) On December 18, 2001, at 1835 hours, Respondent withdrew Demerol 75mg.  
6 from PYXIS (that is, approximately 3 hours after the previous withdrawal for this patient).  
7 Respondent did not chart the administration of the medication on the patient's MAR. There was  
8 no documentation for the administration by Respondent in the Nursing Notes. The physician's  
9 orders for Demerol were of December 18, 2001, at 0130 hours were for Demerol 75mg. IM Q4-6  
10 hr. PRN.

11 **e. Patient No. J 470176, Account No. J 09830472**

12 (1) On December 22, 2001, at 0852 hours, Respondent withdrew Demerol 75mg.  
13 from PYXIS. Respondent did not chart the administration of the medication on the patient's  
14 MAR. There was no documentation for the administration by Respondent in the Nursing Notes.  
15 The physician's orders of December 21, 2001, at 1700 hours were standing orders for PCA  
16 Meperidine [Demerol] 20mg. loading dose, 10mg. PCA dose, a 10 minute lockout interval and a  
17 four-hour limit of 200 mg.

18 (2) On December 22, 2001, at 1142 hours, Respondent withdrew Demerol 75mg.  
19 from PYXIS. Respondent did not chart the administration of the medication on the patient's  
20 MAR. There was no documentation for the administration by Respondent in the Nursing Notes.  
21 The physician's orders of December 21, 2001, at 1700 hours were standing orders for Patient  
22 Controlled Analgesia Meperidine [Demerol] 20mg. loading dose, 10mg. PCA dose, a 10 minute  
23 lockout interval and a four-hour limit of 200mg.

24 (3) On December 22, 2001, at 1529, Respondent withdrew Demerol 75mg. from  
25 PYXIS. Respondent did not chart the administration of the medication on the patient's MAR.  
26 There was no documentation for the administration by Respondent in the Nursing Notes. The  
27 physician's orders of December 21, 2001 at 1700 hours were standing orders for PCA

28 ///

1 Meperidine [Demerol] 20mg. loading dose, 10mg. PCA dose, a 10 minute lockout interval and a  
2 four-hour limit of 200mg.

3 **f. Patient No. J 457750**

4 (1) On December 22, 2001, at 0804 hours, Respondent withdrew Demerol 75mg.  
5 from PYXIS. Respondent did not chart the administration of the medication on the patient's  
6 MAR. There was no documentation for the administration by Respondent in the Nursing Notes.  
7 The physician's orders of December 20, 2001, at 1804 hours were standing orders for PCA  
8 Meperidine [Demerol], no loading dose, 20mg. PCA dose, a 10 minute lockout interval and a  
9 four-hour limit of 250mg.

10 (2) On December 22, 2001, at 0849, Respondent withdrew Demerol 75mg. from  
11 PYXIS (that is, forty-five minutes after the previous withdrawal for this patient). The MAR was  
12 not charted to show that the medication was administered. There was no documentation for the  
13 administration by Respondent in the Nursing Notes. The physician's orders of December 20,  
14 2001, at 1804 hours were for PCA Meperidine [Demerol], no loading dose, 20mg. PCA dose, a  
15 10 minute lockout interval and a four-hour limit of 250mg.

16 (3) On December 22, 2001, at 1040 hours, Respondent withdrew Demerol 75mg.  
17 from PYXIS (that is, approximately 2 hours after the previous withdrawal for this patient).  
18 Respondent did not chart the administration of the medication on the patient's MAR. There  
19 was no documentation for the administration by Respondent in the Nursing Notes. The  
20 physician's orders of December 20, 2001, at 1804 hours were standing orders for PCA  
21 Meperidine [Demerol], no loading dose, 20mg. PCA dose, a 10 minute lockout interval and a  
22 four-hour limit of 250mg.

23 **g. Patient No. J 052653**

24 On December 22, 2001 at 0841 hours, Respondent withdrew Demerol 100 mg  
25 from PYXIS. Respondent did not chart the administration of the medication on the patient's  
26 MAR. There was no documentation for the administration by Respondent in the Nursing  
27 Notes; however at 1526 hours, Respondent noted "No pain w/i past 24 hours." There were no  
28 physician's orders for Demerol.

1 h. When asked, Respondent admitted that she took Demerol and Vicodin from  
2 Mercy Hospital PYXIS system in November and December 2001 for her own personal use.  
3 Respondent further admitted this unauthorized personal use in an undated but signed letter to the  
4 Board.

5 **Alliance Surgery Center**

6 i. On or about June 26, 2003, the nurse manager from Alliance Surgery Center  
7 received information that the seals of several bottles of Demerol vials had been broken. She  
8 asked all employees to submit to a random urine drug screen.

9 j. On or about June 26, 2003, Respondent submitted to a random urine drug test  
10 at LabCorp, RTP, NC and tested positive for Propoxyphene. However, Alliance Surgery Center,  
11 does not stock Propoxyphene in their supply.

12 k. When asked, Respondent admitted that she did not have a prescription for  
13 Propoxyphene and had obtained it from a friend for back pain, a few months earlier. Respondent  
14 indicated that she had a headache on the evening before the urine drug test and took a caplet out  
15 of her pill case. Respondent believed that she had taken Tylenol PM, but instead took Darvocet.  
16 Respondent further indicated that she had left a caplet in her plastic pill case along with some  
17 over-the-counter medications she was taking.

18 l. On November 5, 2003, Respondent submitted to a random urine drug test at  
19 Central Valley Toxicology, Clovis, CA and tested positive for Diphenhydramine. This is a  
20 generic drug for brand name Benadryl and is an over-the-counter antihistamine medication, not a  
21 controlled substance or dangerous drug.

22 **SECOND CAUSE FOR DISCIPLINE**

23 **(Falsified Hospital Records)**

24 18. Respondent's license is subject to disciplinary action under Business and  
25 Professions Code section 2761, subdivision (a)(1), on the grounds of unprofessional conduct, as  
26 defined in Business and Professions Code section 2762, subdivision (e), for violating Health and  
27 Safety Code section 11171 and section 11173, subdivisions (a) and (b), while on duty as a  
28 registered nurse, at Mercy Hospital in Bakersfield, California, Respondent made false, grossly



1 incorrect, or grossly inconsistent entries in hospital, patient, or other records pertaining to  
2 controlled substances, as more fully set forth above in paragraph 14a through 14h above.

3 PRAYER

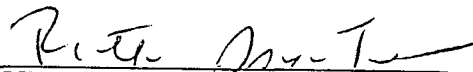
4 WHEREFORE, Complainant requests that a hearing be held on the matters herein  
5 alleged, and that following the hearing, the Board of Registered Nursing issue a decision:

6 1. Revoking or suspending Registered Nursing License No. 572123, issued to  
7 Mary Elizabeth Fish;

8 2. Ordering Mary Elizabeth Fish to pay the Board of Registered Nursing the  
9 reasonable costs of the investigation and enforcement of this case, pursuant to Business and  
10 Professions Code section 125.3;

11 3. Taking such other and further action as deemed necessary and proper.

12 DATED: 7/27/04

13   
14 RUTH ANN TERRY, M.P.H., R.N.  
15 Executive Officer  
16 Board of Registered Nursing  
17 Department of Consumer Affairs  
18 State of California  
19 Complainant

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